

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

N/A/1200/1532

Date In: 01/01/2000 16:15	Job description	Date & Time Completed	Done by
Ref No: N/A/1200/1532	SAS e-filing		
Veh No: SKW 944KS	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 01/02/2000 12:35	I-Motor Claims Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHB 626Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Reminders:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TE (Nil): TP (Nil) INC against INC \$20	
	9) NI2: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	01/02/2020 15:53
Date Of Accident	01/02/2020 12:35
Exact Location Of Accident	PIE TOWARDS TUAS (ALJUNIED FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW9444S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	2XXXXX046C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83802233
Alternative Phone No	OFFICE-80887380
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994017
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAY KIAH HEONG (ZHENG JIA XIONG)
NRIC No	SXXXX276I
Date Of Birth	27/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83802233
Fax Number	
Contact Number	OTHERS-80887380
Email Address	NOEMAIL

Address	BLK 157A RIVERVALE CRESCENT #13-605
Postcode	541157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6716Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



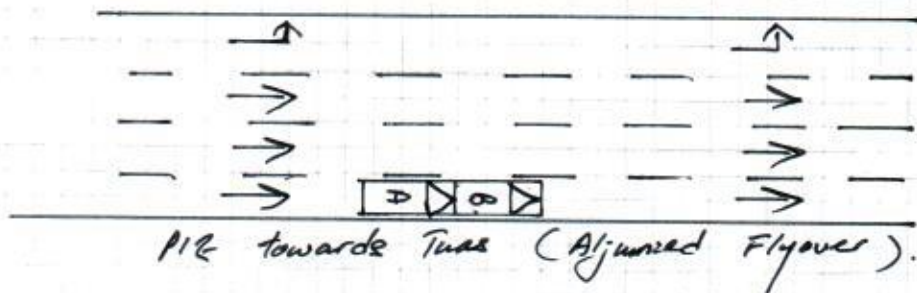
Policyholder's Signature  
Date & Time:

 1/2/2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

(A) SKW 9444S  
(B) SHB 6716Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/02/2020 at @ 1935 hrs, I was travelling in my vehicle (SKW 9444S) along PR towards Tuas (Aljunied Flyover) on the extreme right lane. A taxi (SHB 6716Z) in front of me suddenly brake and stopped. As a result, I could not stop in time and collided onto the said taxi.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



<b>Vehicle No.</b>	SKW 9444 S.	Model / Make	Toyota Altis.
Date of Accident	01/02/2020		
Time of Accident	1235 HRS		
Location of Accident	PIE towards Tuas (Adjacent Flyover)		
Exact purpose use during accident	Chauffeur		
<b>Name of Owner</b>	Twincar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046C		
Address	2, Kahi Bukit Ave 2 #01-17, Kahi Bukit Autohub (S) 41797		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	999994017		
<b>Name of Driver</b>	As Above If No, Tay Kiah Heong		
NRIC	S 7328276/1	Any Passengers:	01 (F)
Date of birth	27/10/1973		
Occupation	Outdoor / Indoor		
Driving License Pass Date	28/05/1996		
Gender	Male / Female		
Contact No.	H/P: 8388 7380	Home:	Office:
Address	BLK 57A Rivervale Crescent #13-605 (S) 54157		
Driver have any own vehicle	No, / If yes, Reg No.		
Relationship	Employee, / If no, state		Driver
Weather condition	Clear / Raining / Other		
Road Surface	Dry / Wet / Other		
Any Injuries	No, / If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, / If Yes, Where?		
<b>Vehicle B No.</b>	348 6716 Z	Any Passengers:	N.A.
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Front Portion		
Camera Recorder	Yes / No		
Email Address	derek_0923@yahoo.com.sg		
<b>PARTICULAR WORKSHOP</b>	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SKW9444S	WINDSCREEN EXCESS	NA
POLICY NO.	999994017	SUM INSURED	NA
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	NA
2) NAME OF INSURED		SKW9444S	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		TWINCAR LEASING PTE LTD	
4) DATE OF EXPIRY OF INSURANCE		19 October 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		18 October 2020	
Any person who is driving on the Insured's order or with their permission.			
S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.			
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.			
Approved N-51 Automotive Pte Ltd to be your accident claim reporting center base on condition that all claim matters do not involving in any lawyer services.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of Insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 26 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC

Transaction ref 20151123082641802427

The owner and vehicle particulars for Vehicle No. SKW9444S as at 23 Nov 2015 are as follows:

1.	Name	: TWINCAR LEASING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201533046C
4.	Place Of Passport Issue	: -
5.	Registered Address	: 2 KAKI BUKIT AVENUE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921
6.	Mailing Address	: -
7.	Vehicle No.	: SKW9444S
8.	Effective Date of Ownership	: 23 Nov 2015
9.	Original Registration Date	: 23 Nov 2015
10.	First Registration Date	: 23 Nov 2015
11.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: COROLLA ALTIS CLASSIC 1.6 CVT
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Black
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: MR053REH104537084 / -
23.	Propellant/Emission Standard	: Petrol / Euro IV
24.	Engine No./Motor No.	: 1ZR525656 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
26.	Maximum Power Output(kW/bhp)	: 90.0 / 120
27.	Unladen Weight(kg)	: 1205
28.	Maximum Laden Weight(kg)	: 1640
29.	Open Market Value	: \$17,804.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 22 Nov 2025
32.	Minimum PARF Benefit	: \$8,902.00
33.	IU Label No.	: -
34.	COE No.	: 2015110101002703W
35.	COE Expiry Date	: 22 Nov 2025
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	: \$57,301.00
38.	Actual Quota Premium/PQP Paid	: \$57,301.00
39.	Actual ARF Paid	: \$17,804.00
40.	CO2 Emission(g/km)	: 151.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$297.00
46.	Road Tax Start Date	: 23 Nov 2015
47.	Road Tax End Date	: 22 May 2016
48.	Remarks	: This is a public service vehicle. This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MIA2001532 Vehicle Registration No: SKW 9444S  
Name (as shown in NRIC) : TOY KIOH HONG NRIC/FIN/Passport No : XXXX2761  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8350 2233  
Email Address : \_\_\_\_\_  
Date of Accident : 01/02/2020 Time of Accident : 12:35  
Place of Accident : PRM JALAN TUBES MAS (BEHIND FLYOVER)  
Insurance Company: AGI

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURANCE TYPE OF COVER SHOULD BE THIRD PARTY

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: